



Committee for the Improvement of Hospital Services

Save Our Services

The SOSPPAN Campaign

Ssppan

Prince Philip Action Network




Representing the People of Llanelli

Supported by the Town Council,
Rural Council all political parties

And

All the County Councillors in the
Llanelli Area

The Public Perception – Services Being Stolen

- Hywel Dda LHB appear not to be able to run a consistently safe service.
- That Hywel Dda LHB cannot attract the right staff is a problem for the future.
- There is concern over the future reliance of services that may vanish at a moment's notice and as with Ward 5. The reasons for the closure do not make sense to the public who just see it as another loss to another hospital.
- From your own findings people have asked to be treated closer to home (and you have stated that you understand this) but in reality these services have been moved farther away from their home.
- In these times of austerity the impact of extra travelling times and significant cost factor increases for tens of thousands of people means that many people particularly the poor, will not be able to afford to access the remote services provided in Carmarthen and Haverfordwest leading to an overall reduction in health of the community.
- Should Hywel Dda Local Health Board should be adding extensively to its Carbon Footprint by its policies, positioning itself against WAG environmental policy? 

The Public Perception – Reduction in Service

- There are worries about the impact that moves to Glangwili will have concerning the public being able to either reach / afford to get to the point of service delivery.
- As Glangwili is an old Hospital the maintenance will be higher than PPH.
- Already Llanelli patients treated at Glangwili are complaining of delays due to overcrowding.
- Patients are being left on trolleys overnight in A & E because of a lack of beds in Glangwili.
- The A & E Department at PPH is being used extensively to cover both Glangwili and Morriston. Impact of its closure will put more pressures on those Hospitals
- The Ward 5 closure is being condemned by the clinicians in Prince Philip Hospital.
- What is happening to Mynydd Mawr – more bed closures?

Broken Promises – Broken Service

- The politicians have given promises that the District General Hospitals are not to be down graded and yet our Local Health Board are closing wards, removing beds, transferring services. (Pathology, Ward 5 etc.)
- Local Councils are being ignored by Hywel Dda Local Health Board regarding Stakeholder Consultation prior to announcements of bed removal and service change whatever the underlying reason.(Ward 5)
- The delivery mechanism, “Right Care, Right Time and Right Place” relies on a flawed, uncostered, non specific and failing Care in the Community Program
- The 5 Year Plan is not a detailed plan that can be discussed but just a set of vague non specific options which cannot be commented upon. This plan should be linked to CCC Care in the Community (Sheila Porter) and fully documented and costed. (This was asked of the CCC 2 years ago to no avail).
- Dr Beeching I presume? Will we regret this later? Is it sustainable?

What was Recommended by Graham Williams from the Goodwin Report

- ***Recommendation 1: Against the backdrop of the strategic proposals for acute services across Mid and West Wales, an exciting and compelling vision for developing Prince Philip Hospital as an elective surgical centre for West Wales and beyond should be agreed by the Local Health Board and Trust with stakeholders as soon as possible and signed off by all. The vision should be supported by an investment strategy with timescales and costs, and the vision and strategy should be widely publicised to local people. This process should be led by the Local Health Board:-***
- <http://www.wales.nhs.uk/documents/ConsultationOutcomeCarmarthenshireEnglish.pdf>

What we got was

Misinformation & Misleading Statements

<p>3. Concerns about our local hospital, will it be downgraded?</p> <ul style="list-style-type: none"> ▪ Bronglais General Hospital ▪ Glangwili General Hospital ▪ Prince Philip Hospital ▪ Withybush General Hospital 	<p>There have been suggestions that some of our District General Hospitals will be downgraded, that there is an intention to centralise services in Carmarthen and there is some form of destabilisation policy in operation.</p> <p>These are false and totally misleading and only serve to create uncertainty for local citizens. The four DGHs will remain and our clinical teams are looking at what services are needed in each of them to meet the needs of the population.</p> <p>Our framework is not about downgrading hospitals but upgrading community services.</p>
<p>4. What will District General Hospitals look like in the future?</p>	<p>Each DGH will need to provide a range of core services that are of high quality, sustainable services. This may mean that not all hospitals will provide all services. That would not be sustainable – particularly in view of the difficulties we have in recruiting to some specialisations.</p> <p>We do not as yet have any detailed plans for services but we are clear that this work needs to be led by our clinical teams. As a result we are in the middle of a series of events across a whole</p>

“To allow services to be delivered in a “Bold New Way”

Length of stay in hospital too long (surely a Doctor's decision)

Closing beds makes Delayed Transfer of Care quicker

We would like to reassure people that Prince Philip Hospital will be a major provider of Healthcare in the Future.

Services Removed from PPH



Ein cyt/Our ref: TP/eic
Gofynnwch am/Please ask for: Trevor Purt, Chief Executive
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Ffacs/Facsimile: 01437 771222
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22nd November 2011

By e-mail: tonyflatley@aol.com

Mr Tony Flatley
Secretary
The Committee for the Improvement of Hospital Services

Dear Mr Flatley

Re: PRINCE PHILIP HOSPITAL

Thank you for your e-mail. It is reassuring to know that the Health Board and CIHS share the same ethos - to improve health services for the people of Llanelli.

As you will be aware it is the Health Board's intention to undertake a consultation on the future of health services across the three counties.

I stand by my earlier comments - Prince Philip Hospital will remain a significant provider of healthcare in the region. The options we will put forward have been developed by our clinicians to ensure that the services we provide in the future will be safe and of the highest quality and are sustainable.

During the course of the consultation the Council for the Improvement of Hospital Services will have ample opportunity to make the case for Prince Philip Hospital.

Yours sincerely

Trevor Purt
Chief Executive

- Major Accident & Emergency downgraded to Minor Accident & Emergency, Emergency Surgery, Elective General Surgery, Gastrointestinal Cancer Surgery, Vascular Surgery, Major Urology, Emergency Endoscopy, reduction of ITU and HDU Beds, Histopathology, Post Mortems etc.

These Emergencies **Cannot be Treated** in Prince Philip Hospital **Now**

- Surgical Emergencies
 - Acute Medicine
 - Cardiology
 - Trauma
 - Children
 - Head Injuries
 - Maternity
 - Gynaecology
- Ears, Nose, Throat or Eye

CARMARTHENSHIRE COUNTY PROFILE
Overview of Current Service Provision (JULY 2011)



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Hywel Dda
Health Board

PRINCE PHILIP HOSPITAL				
Services/specialty	In Patients	Day Cases	Out Patients	A&E Attendances
A&E (Minor Casualty Type 2 Unit)				✓
Antenatal Services			✓	
Audiology			✓	
Dermatology			✓	
Dietetics			✓	
ENT			✓	
General Medicine	✓	✓	✓	
General Surgical Services	✓	✓	✓	
Gerontology	✓			
Gynaecology		✓	✓	
Intensive care unit/HDU	✓			
Occupational therapy			✓	
Ophthalmology			✓	
Orthodontics			✓	
Orthopaedics	✓	✓	✓	
Outpatients			✓	
Paediatrics			✓	
Pain Services		✓	✓	
Physiological Measurement Services			✓	
Rehabilitation	✓		✓	
Respiratory Services			✓	
Rheumatology			✓	
Speech & Language Therapy			✓	

Notes: Full radiology, pathology and pharmacy support services.
No emergency admission services for Paediatrics, Surgery or Trauma

Views from the Shopfloor

- I currently work at pph and find it very alarming that the proposed future changes are going to put lives at risk. The media coverage state that the a and e department only deal with minor cases as we do not have the facilities to cope with any serious medical or surgical problems.
- We do on a daily basis deal with acute critical ill patients and have a team of experienced dedicated staff who feel degraded by these comments ,the reason we have not got the facilities to deal with patients is the fact that this service such as **surgical and paediatric etc have been taken away.**

Reduction in Care Services

- “40% of patients are staying in hospital far too long, when they would be better off at home” (This is not a patients decision but allegedly readmissions rates are high)
- Also the Social Services run by the County Council are trying to close their Residential Care Homes and Reduce the people they refer to Private Residential Care, forcing people to stay in their home inappropriately.
- They are replacing this with “Care in the Community” and with Care Visitors coming around 3 times each day but Reducing Respite Services which is having an effect of Family Carers
- The Family Carers (unpaid) are coming under increasing pressure and if they collapse so does the Health Service Provision
- It is pointless and cruel extending people’s lives if they are going to be in hell in later life

Not So Much a Plan – Just a Set of Options When Will Details be Available?

8. What will happen to services, how will the future?

9. Are there systems in place working in the core systems, information multi-disciplinary



for services but we are our clinical teams. As a events across a whole medical staff to look at the Hywel Dda – as

have a flexible, skilled work with everyone to

althcare system our staff ably, there will be mountable.

tice in terms of ource Team in g under a single nation. This team is an

example of what can be achieved.

Hywel Dda Local Health Board Plan

Hywel Dda is removing the Hospital Services from Llanelli

We now need to support our staff to roll out this type of practice across the health board

All we can see are what Options Llanelli is NOT going to get

Hywel Dda Plan is for a Rural Area

Llanelli has more than 50% of the Urban Population for the Whole Hywel Dda Area !!!

However, there also are a small number of urban conurbations in which approximately one third of our population live

	Approximate Population Spread	
	Urban	Rural
<i>Aberystwyth</i>	16,000	
<i>Ceredigion</i>		61,000
<i>Haverfordwest</i>	14,000	
<i>Pembrokeshire</i>		104,000
<i>Ammanford</i>	13,000	
<i>Carmarthen</i>	15,000	
<i>Llanelli</i>	60,000	40,000
<i>Carmarthenshire</i>		53,000
 <i>Totals</i>	 117,500	 258,000
 <i>Grand Total</i>	 31%	 69%
		375,500

The Wrong Change is Not an option either



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Hywel Dda
Health Board

Unplanned Care Acute Surgery & Trauma...



Challenges

1. We need to make sure that our surgeons see enough cases to maintain their skills & support the development of specialist expertise.
2. We must ensure that patients with serious injuries or illnesses are quickly assessed by an experienced doctor.
3. We must separate emergency work from planned work to ensure that an experienced doctor is always available.
4. Variable patient outcomes. We must ensure our emergency surgical services deliver the same patient outcomes at the weekend and out of hours as they do in daylight hours.

No change
is not an
option



1000 LIVES
O FFWYDAU



Location, Location, Location

- Specialist Services in particular remote Hospitals is a viable option as long as they are serving the community in a timely and safe manner
- It must be remembered that the NHS is there to provide a Localised Safe Service to the Public not a Clinical Solution delivered at the convenience of the LHB.
 - The equivalent is to have an accident in Parliament and be treated in Heathrow or Redhill or Weybridge when there is a hospital across the river.
- There is no such thing as acceptable mortality rates through delayed treatment because the service is based in the wrong place
- For the residents of Llanelli hospital treatment for seriously ill patients is at least 20 – 30 minutes farther away than those with minor ailments.....

Agreement at Last

How Do we Make it Work?

(Not by Cutting Local Services)



Specialist doctors save more lives

- We must make the most of being a major health care provider and support our medical staff in developing more specialist services in line with modern practice.
 - We must co-ordinate the work of our consultants and specialist staff across the Health Board.
-
- Hospital doctors are now more specialised.
 - Twenty years ago one surgeon would have operated on many different parts of the body, they now specialise on one area.
 - A surgeon who performs the same operation many times a year will become more skilled and improve patient outcomes.
 - Doctors and their teams must see a large enough number of patients to maintain their skills and expertise.



Hywel Dda Proposals

Only Llanelli with NO major emergency department



Therefore....

Potential Service Solutions?

Maximise Primary Care delivered Minor Injury service PLUS...

1. Major Emergency Department at **Glangwili** General Hospital - 3 Urgent Care Centres in Bronglais, Prince Philip & Withybush Hospitals.
2. Major Emergency Department at **Withybush** General Hospital - 3 Urgent Care Centres in Bronglais, Prince Philip & Glangwili Hospitals.
3. Major Emergency Department at **Bronglais, Glangwili & Withybush** Hospitals
- 1 Urgent Care Centre at Prince Philip Hospital.



We get an Urgent Care Centre

An Urgent Care Centre is the wrong option for Llanelli.

- Replacing the A&E
- Will treat minor breaks, sprains, cuts, scalds, abdominal pains, breathing difficulties, mild asthma attacks, chest infections, back pain. (Couldn't this be done by Specialist Nurses?)
- More Serious injuries and major trauma requiring specialists will go to the nearest A&E (Glangwilli) – so the most ill are the farthest away from hospital treatment.
- The UCC will NOT receive life threatening cases, or serious cases , including major trauma and injuries, major fractures (hip), chest pains, strokes, heart attacks, unconscious patients.



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Health Board

Care Closer to Home must be a reality for everyone

- We must ensure that our services are delivered as locally as possible where it is safe to do so.
- Care and treatment - including diagnostic tests – should be provided closer to people's homes
- The right care is provided in the right place at the right time by appropriately trained staff
- Access to health care is as equitable as possible
- Improved management of chronic diseases
- Improved support for people with long term conditions so they are better able to manage their own care to reduce the number of unnecessary A&E attendances and hospital admissions
- Acute hospitals are able to focus on their primary purpose of providing specialist care



Calon
Iechyd Lleol
The Heart of
Local Health

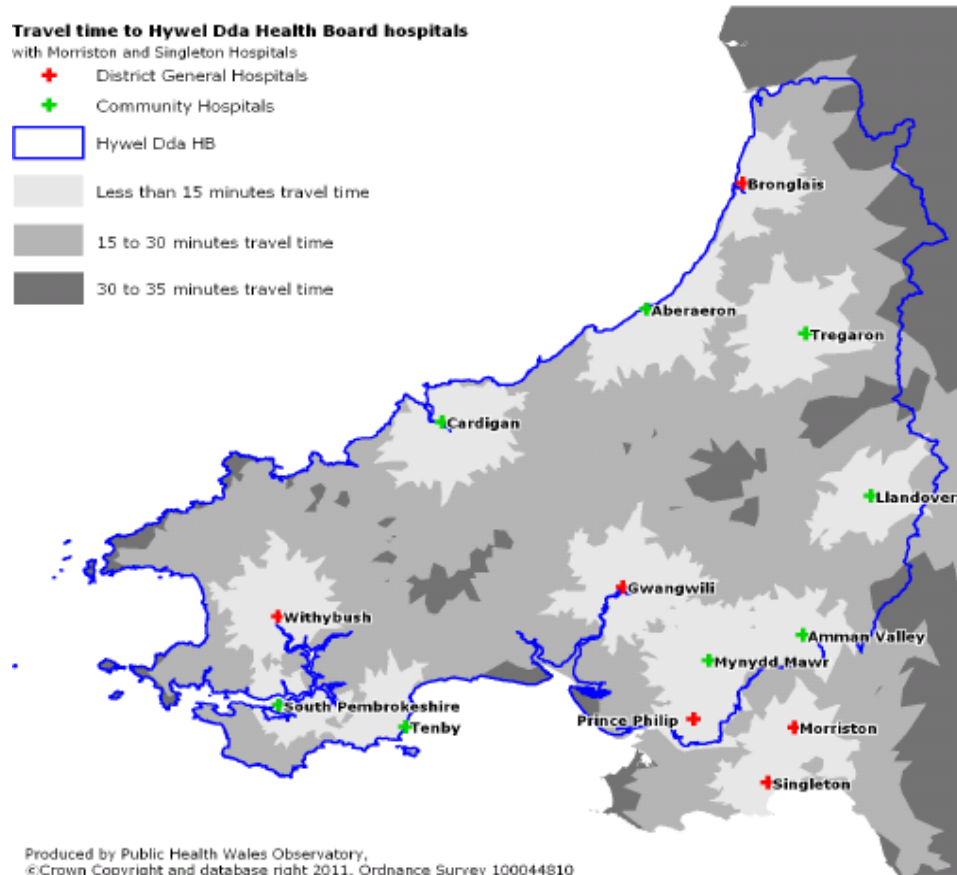


Stonewall
CYMRU
DIVERSITY CHAMPIONS
HYWELDDDA HEALTH BOARD



Right Place Right Time Perhaps Not.....

Glangwili Not Central Llanelli Closer to Swansea Hospitals



Morriston Hospital is about 15 minutes from Llanelli
The same sort of distance from Rochdale to Oldham

People prefer to go to Morriston than Glangwili

The Reality

From Llanelli to Carmarthen

- This does not stop the people coming to pph. Many patients have to wait in the department many hours for an ambulance for transfer as the ambulance service are busy dealing with 999 emergencies in the community , so how will they cope with the obvious increase in demand ???
- I think the powers behind these changes are more concerned with number crunching and are happy to put the lives of the people of Llanelli at risk. They should be thinking of reinstating services not taking more away.

Safety Issues



Better availability of consultants saves more lives

- We must overcome our significant staff recruitment and retention challenges in some specialities by developing our services
 - We must make Hywel Dda Health Board the best choice for patients and also the best (employer) choice for staff.
- *Out of a total of 400 senior hospital doctors, 100 are over the age of 55.*
 - *We struggle to recruit senior medical staff.*
 - *We have the most consultant vacancies of any Health Board in Wales.*
 - *The body responsible for post graduate medical training (the Deanery) is making significant changes which are likely to mean that we will have less doctors available.*



1000 LIVES
O FYWYDAU



Hywel Dda Proposals

Obstetrics / Paediatric Unit NOT in Llanelli



Therefore....

Potential Service Solutions?

1. Obstetric care everywhere **PLUS.....**

Establishment of a complex Obstetrics Unit, Paediatric High Dependency Unit and Level 2 Neonatal Unit at:

- a. Glangwili Hospital or...
- b. Withybush Hospital

2. Midwifery Led Units everywhere **PLUS.....**

Establishment of a single Obstetric Unit, Paediatric High Dependency Unit and Level 2 Neonatal Unit at:

- a. Glangwili Hospital or...
- b. Withybush Hospital



1000 LIVES
O FYWYDAU



Hywel Dda Proposals

Acute Surgical NOT in Llanelli



Therefore....

Potential Service Solutions?

In hours services will be improved

Resident middle grade doctors will provide emergency surgical assessment & stabilisation services in all acute hospitals

Out of Hours to establish a Hywel Dda designated acute surgical & trauma service in...

1. Withybush General Hospital
2. Glangwili General Hospital



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Local Health



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CYMRU
DIVERSITY CHAMPIONS
STYNT I'GWYBODA AMYTHWYTH



Hywel Dda Proposals

Cancer Surgery NOT in Llanelli



Therefore....

Our cancer services will be organised to ensure that you get a rapid diagnosis and are treated by specialists working in multi-disciplinary teams. If you need chemotherapy, rehabilitation or other follow up treatment we will deliver this as locally as possible.

Potential Service Solutions?

Colorectal cancer

Colorectal cancer surgery to be undertaken by accredited cancer surgeons in an IOG compliant single site in...

1. Glangwili Hospital or...

2. Withybush General Hospital



Hywel Dda Proposals

Llanelli left with Orthopaedic Surgery - Perhaps



Therefore....

Potential Service Solutions?

Dedicated surgical facilities (beds and theatres) to support day and short stay surgery (including orthopaedics) delivered in all acute hospitals. **PLUS.....**

1. No other change except...
A new inpatient elective Orthopaedic Service and centre for complex orthopaedic surgery (ring-fenced beds, theatres, MRSA screened and rehab back-up) for the south of Hywel Dda at
2. Prince Philip Hospital or...
3. Withybush General Hospital



Lives Will Be At Risk

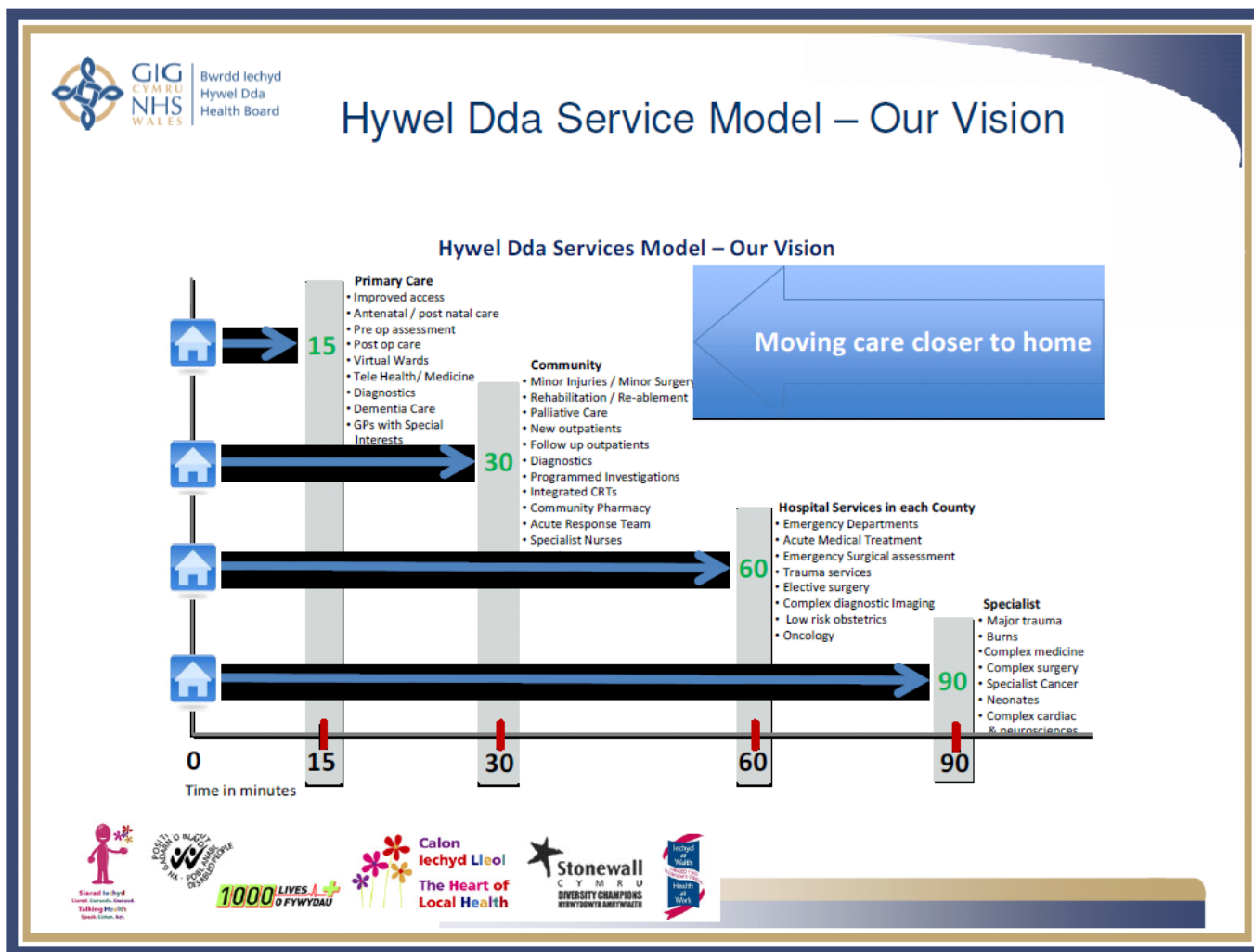
According to our Clinicians

- “Glangwili does not have the facilities to withstand the extra demands these changes would bring.”
- “Llanelli needs a full range of services to support its A&E department.”
- “They should put surgery back in PPH, and they should put paediatrics back in there.”

Views from the Shopfloor

- as a member of staff for pph i have to say that it is now a very unsettled place to work. no one is sure if their jobs are safe or for that matter if their family are...without a viable hospital nearby! which i fear and so do all staff working for this trust is going to be the ultimate outcome NO local hospital!

A Troubled Vision for Llanelli



What will be the Impact on our Community When They Remove the Services?

- A & E will be 20 miles away
- Surgery will be 20 miles away
- Ambulance Journeys will take 30 – 40 minutes (Up to 68 Minutes)
(People being taken to Carmarthen against their wishes now)
- (If you get discharged find your own way home! Get Picked up, Take a Taxi or Bus)
- By Car 30 – 40 minutes
- Taxi Cost £25.00 (each way)
- Train Cost £15.00 Return
- Public Transport one and a half hours (each way)
 - 3 hours + appointment = 4 hours or so
- Much Longer Waiting for yours or other's Treatment
- Visiting will take a larger chunk of your day – major impact on businesses
- No chance of Maternity in Llanelli
- Care in the Community (Primary Care – is being pushed back to our homes)
 - Treatment at Home
 - Recuperation at Home

Llanelli is an Urban Community

- The Largest Town in the Hywell Dda Area.
- Llanelli Town = 60,000 people in the Town within 15 minutes of Prince Philip Hospital
- Catchment Of 100,000 people within 16 – 25 minutes of PPH in Carmarthenshire.
- Total Catchment of 250,000 within 25 minutes of PPH (Swansea County) – Cross charge services options.
- An Expanding Town , A Permanent Market, 2 Separate Retail Parks, Numerous Other Shops, Heavy Industry, A Brewery, Farms, Motorway, Chemical Plant, Steel Plant, Copious Goods Trains, A Number of Business Parks, Leisure centre, Swimming Pools, Parks, Beaches, Dock, Fisheries, Extreme Sports, Many Restaurants, an Airfield, Leisure Industry, Sea Side, Swiftly Increasing Population, Many Developments, Construction, 15,000 seater Rugby Stadium, Athletics Track, Football Park, Infrastructure Expansion, Many Hotels, Country Park, Schools, Colleges, Care Homes, Tourism, etc.....
- Also fluctuating increases in population due to commuters and shoppers coming into Llanelli
- We need a plan that takes this into account that is open, has timescales of new projects and changes to services and brings the public on board because it can be seen to be beneficial to all.
- The Public are very proud of their hospital as it is based on their funding it over many years

Change Must be Built on a Reliable (and Linked to the Hospital)

Care in the Community Program for the Elderly

- Residential Convalescence and Rehabilitation Provision attached to the Hospital with **specialist Care staff who are trained in the needs of the elderly**. (Will reduce DToC out of Hospital wards in preparation for Community or Residential placements.)
- Establish comprehensive Care Program around Residential Care Hubs with associated Respite facilities (Meals on Wheels, Day Centres, Luncheon Clubs, In House Respite) with District Nurses and Domiciliary Care Workers based at the Hubs.
- Link the Care Hubs to the Private Residential Homes (Physical and EMI) for District Nursing integration.
- A fully integrated Care in the Home Community Service linked to the Care Hubs and the facilities available.
- (Pushing all services back home and trying to man them will prove to be an expensive mistake)

Prince Philip Hospital

A Hospital to be Proud of

- Just an example of the great work being done
 - Acute Medical – very busy – apparently using Wards 3, 4 & 5.
 - Ward 9
 - Purpose Built Unit for Stroke Cases
 - NLIAM Award – Flexible Workforce
 - Hosted visits
 - Delegation from the Catalonia Government re Stroke Care
 - Recommended for its work on Transferring Care At the Bedside
 - Hosted delegation of nurses from Denmark
 - Band 3 Competences developed now being accredited etc.

Our Preferred Services at Prince Philip Hospital and for Llanelli

- Major Emergency Department
- Proposed Orthopaedic Services as intimated in the Plan
- Biomedical Laboratory
- Breast Care Unit
- Rheumatology Unit
- Improved Maternity and Paediatric Provision

Our Required Services at Prince Philip Hospital and for Llanelli

- No reduction in current service or capacity, including medicine and A & E
- UCC is NOT an option

CARMARTHENSHIRE COUNTY PROFILE
Overview of Current Service Provision (JULY 2011)



PRINCE PHILIP HOSPITAL				
Services/specialty	In Patients	Day Cases	Out Patients	A&E Attendances
A&E (Minor Casualty Type 2 Unit)				✓
Antenatal Services			✓	
Audiology			✓	
Dermatology			✓	
Dietetics			✓	
ENT			✓	
General Medicine	✓	✓	✓	
General Surgical Services	✓	✓	✓	
Gerontology	✓			
Gynaecology		✓	✓	
Intensive care unit/HDU	✓			
Occupational therapy			✓	
Ophthalmology			✓	
Orthodontics			✓	
Orthopaedics	✓	✓	✓	
Outpatients			✓	
Paediatrics			✓	
Pain Services		✓	✓	
Physiological Measurement Services			✓	
Rehabilitation	✓		✓	
Respiratory Services			✓	
Rheumatology			✓	
Speech & Language Therapy			✓	

Notes: Full radiology, pathology and pharmacy support services.
No emergency admission services for Paediatrics, Surgery or Trauma

Our Required Services at Prince Philip Hospital and for Llanelli

- Proposed Orthopaedic Services as intimated in the Plan
- Biomedical Laboratory
- Breast Care Unit
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- Improved Maternity and Paediatric Provision

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